

Fill in this information to identify the case:

United States Bankruptcy Court for the:

**Western District of Texas**Case number (if known): \_\_\_\_\_ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name** **ILS Products, LLC****2. All other names debtor used in the last 8 years** **Industrial Lighting Systems**

Include any assumed names, trade names, and *doing business as names*

**3. Debtor's federal Employer Identification Number (EIN)** **4 5 - 5 3 1 9 3 7 1****4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business****1910 E Tom Green St**

Number Street

**Brenham, TX 77833-5129**

City State ZIP Code

**Washington**

County

Number Street

City State ZIP Code

**Location of principal assets, if different from principal place of business**

Number Street

City State ZIP Code

**5. Debtor's website (URL)** **www.globalils.com; ranchhandsolarlighting.com****6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: \_\_\_\_\_

Debtor ILS Products, LLC

Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

**B. Check all that apply:**

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. **Check all that apply:**
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor ILS Products, LLC  
Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?  
\_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number Street

City

State

ZIP Code

**Is the property insured?**☐ No

☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000

☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion

☒ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion

☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion

☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures****WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **08/29/2024**  
MM/ DD/ YYYY

**X****/s/ Ayla Jade Lawson**

Signature of authorized representative of debtor

**Ayla Jade Lawson**

Printed name

Title **Owner****18. Signature of attorney****X****/s/ Robert C Lane**

Signature of attorney for debtor

Date **08/29/2024**

MM/ DD/ YYYY

**Robert C Lane**

Printed name

**The Lane Law Firm**

Firm name

**6200 Savoy Dr Ste 1150**

Number Street

**Houston**

City

**TX**

State

**77036-3369**

ZIP Code

**(713) 595-8200**

Contact phone

**notifications@lanelaw.com**

Email address

**24046263**

Bar number

**TX**

State

*[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]*

*[Caption as in Form 416B]*

**Attachment to Voluntary Petition for Non-Individuals Filing for  
 Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is \_\_\_\_\_.

2. The following financial data is the latest available information and refers to the debtor's condition on \_\_\_\_\_.

a. Total assets	<u><b>\$71,543.21</b></u>
b. Total debts (including debts listed in 2.c., below)	<u><b>\$1,308,513.91</b></u>
c. Debt securities held by more than 500 holders	

		Approximate number of holders:
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
d. Number of shares of preferred stock		_____
e. Number of shares common stock		_____

Comments, if any: \_\_\_\_\_

3. Brief description of debtor's business manufacture solar lighting systems, which include light, light pole and all mounting hardware for, oil & gas, retail, commercial, and farm & ranch applications.

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fill in this information to identify the case:

Debtor name ILS Products, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/29/2024

MM/ DD/ YYYY

**X**/s/ Ayla Jade Lawson

Signature of individual signing on behalf of debtor

Ayla Jade Lawson

Printed name

Owner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name ILS Products, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Small Business Administration 409 3rd St Sw Washington, DC 20416-0011						\$143,421.00
2	Channel Partners Capital LLC 11100 Wayzata Blvd Ste 305 Hopkins, MN 55305-5537		UCC				\$125,066.70
3	BlueVine Capital Inc. 401 Warren St 300 Redwood City, CA 94063		Line of Credit	Disputed			\$104,209.10
4	The Fundworks, LLC 299 S Main St Ste 1300 Pmb 93894 Salt Lake Cty, UT 84111-2241		Merchant Cash Advance	Disputed			\$96,009.31
5	The Cowboy Channel 130 East Exchange Avenue Fort Worth, TX 76164		Services				\$94,000.00
6	American Express Bankruptcy Unit PO Box 297817 Fort Lauderdale, FL 33329-7817		Credit Card				\$85,446.75
7	Texas Custom Coaters 9468 Interstate Dr. Navasota, TX 77868						\$76,925.68
8	XPO , Inc. Attn: Legal Dept Five American Lane Greenwich, CT 06831		Services				\$51,426.30

Debtor **ILS Products, LLC**

Case number (if known) \_\_\_\_\_

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	The Fundworks, LLC 299 S Main St Ste 1300 Pmb 93894 Salt Lake Cty, UT 84111-2241		Merchant Cash Advance	Disputed			\$49,874.96
10	Eastern Metal Supply Texas 9400 Telge Rd Houston, TX 77095		Supplier				\$42,482.46
11	RDM Capital Funding, LLC DBA FinTap 777 Passaic Avenue Suite 375 Clifton, NJ 07012		MCA	Disputed			\$38,400.00
12	Ayla Lawson 1910 E Tom Green St Brenham, TX 77833-5129		Personal Loan to Company				\$32,897.19
13	Herman Packaging Company 8112 Breen Dr. Houston, TX 77064						\$32,695.14
14	Green Grass Holdings LLC DBA FTC Funding 1 Whitehall St, 2nd Floor New York, NY 10004-2125		MCA	Disputed			\$30,159.00
15	Ayla Lawson 1910 E Tom Green St Brenham, TX 77833-5129		Personal Loan to Company				\$28,779.02
16	Zimmerman Steel & Supply Company, LLC 18543 Davis Rd Dalton, OH 44618		Services				\$26,469.46
17	Bravo U Bolts and Fasteners 1035 Hollywood St Houston, TX 77015-5261						\$25,860.50
18	Samuel, Son & Co 5022 Ashley Ct Houston, TX 77041		Vendor				\$22,252.70
19	Fox Funding Group LLC 803 S 21st Ave Hollywood, FL 33020-6962		Merchant Cash Advance	Disputed			\$21,925.80
20	Fab Services Ltd 2405 Washington St Waller, TX 77484-7305		Services				\$21,520.00



Fill in this information to identify the case:

Debtor Name **ILS Products, LLC**United States Bankruptcy Court for the: **Western** District of **Texas**  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <b>Citizens State Bank</b>	<b>Checking account</b>	<b>4 5 7 7</b>	<b>\$1,245.00</b>
3.2. <b>Amegy Bank of Texas</b>	<b>Checking account</b>	<b>3 3 6 0</b>	<b>\$337.31</b>

**4. Other cash equivalents** (Identify all)

4.1 _____	_____
4.2 _____	_____

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$1,582.31****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 \_\_\_\_\_

Debtor ILS Products, LLC  
Name

Case number (if known) \_\_\_\_\_

7.2 \_\_\_\_\_

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

**9. Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

_____
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**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of  
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$9,000.00</u>	-	<u>unknown</u>	=..... →	<u>\$9,000.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>\$11,789.90</u>	-	<u>\$11,231.25</u>	=..... →	<u>\$11,789.90</u>
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

<u>\$20,789.90</u>
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**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used  
for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 \_\_\_\_\_

14.2 \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of  
ownership:

15.1. \_\_\_\_\_

15.2. \_\_\_\_\_

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 \_\_\_\_\_

16.2 \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

_____
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**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
<u>Raw materials</u>	<u>12/29/2023</u> MM / DD / YYYY	<u>unknown</u>	<u>QB Valuation</u>	<u>\$15,000.00</u>
<b>20. Work in progress</b>				
_____	_____	_____	_____	_____
	MM / DD / YYYY			
<b>21. Finished goods, including goods held for resale</b>				
_____	_____	_____	_____	_____
	MM / DD / YYYY			
<b>22. Other inventory or supplies</b>				
<u>warehouse supplies/office supplies</u>	_____	<u>unknown</u>	_____	<u>\$5,000.00</u>
	MM / DD / YYYY			
<b>23. Total of Part 5</b>				
Add lines 19 through 22. Copy the total to line 84.				<u>\$20,000.00</u>

**24. Is any of the property listed in Part 5 perishable?**☒ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

Debtor ILS Products, LLC  
Name

Case number (if known) \_\_\_\_\_

## 27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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## 28. Crops—either planted or harvested

_____	_____	_____	_____
-------	-------	-------	-------

29. Farm animals *Examples:* Livestock, poultry, farm-raised fish

_____	_____	_____	_____
-------	-------	-------	-------

## 30. Farm machinery and equipment (Other than titled motor vehicles)

_____	_____	_____	_____
-------	-------	-------	-------

## 31. Farm and fishing supplies, chemicals, and feed

_____	_____	_____	_____
-------	-------	-------	-------

## 32. Other farming and fishing-related property not already listed in Part 6

_____	_____	_____	_____
-------	-------	-------	-------

## 33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

_____
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## 34. Is the debtor a member of an agricultural cooperative?

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

## 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

## 36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
- ☐ Yes

## 37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

## Part 7: Office furniture, fixtures, and equipment; and collectibles

## 38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
<b>Desks (5)</b>	unknown		\$500.00
<b>Chairs (10)</b>	unknown		\$200.00
<b>Filing Cabinets (2)</b>	unknown		\$100.00
<b>Table</b>	unknown		\$50.00
<b>Shelving Units (3)</b>	unknown		\$200.00
<b>Reception Desk</b>	unknown		\$500.00
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
<b>Phones (4)</b>	unknown		\$50.00
<b>Printer (3)</b>	unknown		\$300.00
<b>White Board</b>	unknown		\$20.00
<b>Computer (3)</b>	unknown		\$600.00
<b>Monitors (7)</b>	unknown		\$650.00
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____			
42.2 _____			
42.3 _____			
43. <b>Total of Part 7</b> Add lines 39 through 42. Copy the total to line 86.			<b>\$3,170.00</b>
44. <b>Is a depreciation schedule available for any of the property listed in Part 7?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. <b>Has any of the property listed in Part 7 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Part 8:</b> Machinery, equipment, and vehicles			

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

## 46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	_____	_____	_____
47.2 _____	_____	_____	_____
47.3 _____	_____	_____	_____
47.4 _____	_____	_____	_____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 <b>VIN: 4D6EB1829PC065412 Cargo Craft</b>	<b>unknown</b>		<b>\$2,000.00</b>
<b>49. Aircraft and accessories</b>			
49.1 _____	_____	_____	_____
49.2 _____	_____	_____	_____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<b>Baleigh Plasma Machine</b>	<b>unknown</b>		<b>\$20,000.00</b>
<b>Baleigh Saw Model: BS-350M Serial# 12034</b>	<b>unknown</b>		<b>\$500.00</b>
<b>Automatic Saw Model: GZ4228 Serial# 18083104</b>	<b>unknown</b>		<b>\$2,000.00</b>
<b>Hyster Forklift: Hyster S50XM Serial# D187V29733A</b>	<b>unknown</b>		<b>\$1,000.00</b>
<b>Rigid Threader 535A</b>	<b>unknown</b>		<b>\$500.00</b>
<b>51. Total of Part 8</b> Add lines 47 through 50. Copy the total to line 87.			<b>\$26,000.00</b>

## 52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

## 53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 9:** Real property

## 54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	_____	_____	_____
55.2 _____	_____	_____	_____	_____
55.3 _____	_____	_____	_____	_____
55.4 _____	_____	_____	_____	_____
55.5 _____	_____	_____	_____	_____
55.6 _____	_____	_____	_____	_____

56. Total of Part 9

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

_____
-------

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10:** Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	_____	_____	_____
61. Internet domain names and websites <u>www.globalils.com</u>	<u>unknown</u>	_____	<u>\$1.00</u>
62. Licenses, franchises, and royalties _____	_____	_____	_____
63. Customer lists, mailing lists, or other compilations _____	_____	_____	_____
64. Other intangibles, or intellectual property _____	_____	_____	_____

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

65. **Goodwill**66. **Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

**\$1.00**67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11:** All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes. Fill in the information below.**Current value of  
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

_____	-	_____	= →	_____
	Total face amount	doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____	Tax year	_____
_____	Tax year	_____
_____	Tax year	_____

73. **Interests in insurance policies or annuities**

_____	_____
-------	-------

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

_____	_____
-------	-------

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_



Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

\_\_\_\_\_

Nature of claim

\_\_\_\_\_

Amount requested

\_\_\_\_\_

76. **Trusts, equitable or future interests in property**

\_\_\_\_\_

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

\_\_\_\_\_

\_\_\_\_\_

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

_____
-------

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<u>\$1,582.31</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>                    </u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$20,789.90</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>                    </u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$20,000.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>                    </u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$3,170.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$26,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$1.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>                    </u>	
91. <b>Total.</b> <i>Add lines 80 through 90 for each column.....91a.</i>	<div style="border: 1px solid black; padding: 2px;"><u>\$71,543.21</u></div>	+ 91b. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		<div style="border: 1px solid black; padding: 2px;"><u>\$71,543.21</u></div>

Fill in this information to identify the case:

Debtor name **ILS Products, LLC**

United States Bankruptcy Court for the: **Western** District of **Texas**  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1:** List Creditors Who Have Secured Claims

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**2.1 Creditor's name**

**1st Alliance Group LLC**

**Describe debtor's property that is subject to a lien**

**\$9,101.30**

**unknown**

**Creditor's mailing address**

**2875 Ne 191st St Ste 500**

**Miami, FL 33180-2832**

**Describe the lien**

**Creditor's email address, if known**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Date debt was incurred**

**Is anyone else liable on this claim?**

- ☐ No  
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Remarks: MCA

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

**\$666,440.64**

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

Column A

**Amount of claim**Do not deduct the value  
of collateral.

Column B

**Value of collateral  
that supports this  
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	BlueVine Capital Inc.		\$104,209.10	unknown
	Creditor's mailing address			
	401 Warren St 300			
	Redwood City, CA 94063	Describe the lien		
	Creditor's email address, if known	Line of Credit		
	Date debt was incurred 06/26/2024	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

Column A

**Amount of claim**Do not deduct the value  
of collateral.

Column B

**Value of collateral  
that supports this  
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>Canfield Capital</b>		<b>\$7,087.02</b>	<b>unknown</b>
	Creditor's mailing address			
	<b>30 N Gould St Ste R</b>			
	<b>Sheridan, WY 82801-6317</b>	Describe the lien		
	Creditor's email address, if known	<b>MCA</b>		
	Date debt was incurred <b>05/14/2024</b>	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
	Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<input checked="" type="checkbox"/> No	As of the petition filing date, the claim is:		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	Check all that apply.		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

Column A

**Amount of claim**Do not deduct the value  
of collateral.

Column B

**Value of collateral  
that supports this  
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.4	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>Channel Partners Capital LLC</b>		<b>\$125,066.70</b>	<b>unknown</b>
	Creditor's mailing address			
	<b>11100 Wayzata Blvd Ste 305</b>			
	<b>Hopkins, MN 55305-5537</b>			
	Creditor's email address, if known	Describe the lien		
		<b>UCC</b>		
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim		
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.					
2.5	<b>Creditor's name</b> <u>Clicklease LLC</u>  <b>Creditor's mailing address</b> <u>1182W W 2400 S</u> <u>West Valley City, UT 84119</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>10/06/2023</u>  <b>Last 4 digits of account number</b> <u>1</u> <u>3</u> <u>9</u> <u>0</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.   <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____	<b>Describe debtor's property that is subject to a lien</b> <u>Baleigh Plasma Machine</u>  <b>Describe the lien</b>   <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<u>\$33,085.45</u>	<u>\$20,000.00</u>

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page*Column A***Amount of claim**Do not deduct the value  
of collateral.*Column B***Value of collateral  
that supports this  
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>Coconut Funding Corporation</b>		<b>\$8,101.00</b>	<b>unknown</b>
	Creditor's mailing address			
	<b>1225 Franklin Ave Ste 325</b>			
	<b>Garden City, NY 11530-1693</b>	Describe the lien		
	Creditor's email address, if known			
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			



Debtor ILS Products, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

Column A

**Amount of claim**Do not deduct the value  
of collateral.

Column B

**Value of collateral  
that supports this  
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<u>Fox Funding Group LLC</u>		<u>\$21,925.80</u>	<u>unknown</u>
	Creditor's mailing address <u>803 S 21st Ave</u>			
	<u>Hollywood, FL 33020-6962</u>	Describe the lien <u>Merchant Cash Advance</u>		
	Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
Remarks: MCA				

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.8	Creditor's name	Describe debtor's property that is subject to a lien	<b>\$30,159.00</b>	<b>unknown</b>
	<b>Green Grass Holdings LLC DBA FTC Funding</b>	_____		
	Creditor's mailing address <b>1 Whitehall St, 2nd Floor</b>	_____		
	<b>New York, NY 10004-2125</b>	<b>Describe the lien</b> <b>MCA</b>		
	Creditor's email address, if known _____	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred <b>05/09/2024</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9	Creditor's name	Describe debtor's property that is subject to a lien	<b>\$38,400.00</b>	<b>unknown</b>
	<b>RDM Capital Funding, LLC DBA FinTap</b>	_____		
	Creditor's mailing address	_____		
	<b>777 Passaic Avenue Suite 375</b>			
	<b>Clifton, NJ 07012</b>	<b>Describe the lien</b>		
	Creditor's email address, if known	<b>MCA</b>		
	Date debt was incurred <b>05/17/2024</b>	<b>Is the creditor an insider or related party?</b>		
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No		
	<b>Do multiple creditors have an interest in the same property?</b>	<input type="checkbox"/> Yes		
	<input checked="" type="checkbox"/> No	<b>Is anyone else liable on this claim?</b>		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> No		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
		<b>As of the petition filing date, the claim is:</b>		
		Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.10	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>Small Business Administration</b>		<b>\$143,421.00</b>	<b>unknown</b>
	Creditor's mailing address			
	<b>409 3rd St Sw</b>			
	<b>Washington, DC 20416-0011</b>	Describe the lien		
	Creditor's email address, if known			
	Date debt was incurred <b>05/30/2020</b>	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number <b>7 8 0 0</b>	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p><b>2.11</b> Creditor's name <u>The Fundworks, LLC</u></p> <p>Creditor's mailing address <u>299 S Main St Ste 1300 Pmb 93894</u> <u>Salt Lake Cty, UT 84111-2241</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.          _____          _____       </p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p>Describe the lien <u>Merchant Cash Advance</u></p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes       </p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).       </p> <p>As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed       </p>	<p><b>\$96,009.31</b></p>	<p><b>unknown</b></p>
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Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.12	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>The Fundworks, LLC</b>		<b>\$49,874.96</b>	<b>unknown</b>
	<b>Creditor's mailing address</b>			
	<b>299 S Main St Ste 1300 Pmb 93894</b>			
	<b>Salt Lake Cty, UT 84111-2241</b>	<b>Describe the lien</b>		
	<b>Creditor's email address, if known</b>	<b>Merchant Cash Advance</b>		
	<b>Date debt was incurred</b> _____	<b>Is the creditor an insider or related party?</b>		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	<b>Last 4 digits of account number</b> _____	<b>Is anyone else liable on this claim?</b>		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
	_____	<input checked="" type="checkbox"/> Disputed		
	_____			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<b>David Fogel, P.C.</b> <b>1225 Franklin Avenue 201</b> <b>Garden City, NY 11530</b>	Line 2. <b>3</b>	_____
<b>Coconut Funding Corporation</b> <b>100 Bayview Cir Ste 200</b> <b>Newport Beach, CA 92660-8901</b>	Line 2. <b>6</b>	_____
<b>Law Offices of Isaac H. Greenfield PLLC</b> <b>2 Executive Blvd Suite 305</b> <b>Suffern, NY 10901</b>	Line 2. <b>8</b>	_____
<b>AWN&amp;R Commercial Law Group, PLLC</b> <b>Attn: Jeffrey Parrella, Esq.</b> <b>14 Wall Street 20th Floor</b> <b>New York, NY 10005</b>	Line 2. <b>9</b>	_____
<b>U.S. Small Business Administration (SBA) - All Divisions</b> <b>Little Rock Commercial Loan Servicing Center</b> <b>2120 Riverfront Drive 100</b> <b>Little Rock, AR 72202</b>	Line 2. <b>10</b>	_____
   	Line 2. ____	_____
   	Line 2. ____	_____
   	Line 2. ____	_____
   	Line 2. ____	_____

Debtor **ILS Products, LLC**  
 Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
_____		
_____	Line 2. ____	____ _ _ _
_____		



Fill in this information to identify the case:

Debtor name ILS Products, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1**

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Total claim

Priority amount

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) \_\_\_\_

**2.2**

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) \_\_\_\_

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>Amazon Capital Services</b></u> <u><b>PO BOX 035184</b></u> <u><b>Seattle, WA 98124-5184</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$4,461.43</b></u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>American Express</b></u> <u><b>Bankruptcy Unit</b></u> <u><b>PO Box 297817</b></u> <u><b>Fort Lauderdale, FL 33329-7817</b></u>  Date or dates debt was incurred <u><b>01/01/2024</b></u> Last 4 digits of account number <u><b>4 0 0 4</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Credit Card</b></u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$85,446.75</b></u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>Ayla Lawson</b></u> <u><b>1910 E Tom Green St</b></u> <u><b>Brenham, TX 77833-5129</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Personal Loan to Company</b></u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$32,897.19</b></u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>Ayla Lawson</b></u> <u><b>1910 E Tom Green St</b></u> <u><b>Brenham, TX 77833-5129</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Personal Loan to Company</b></u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$19,533.15</b></u>

Debtor ILS Products, LLC  
Name

Case number (if known) \_\_\_\_\_

## Part 2: Additional Page

<b>3.5</b> Nonpriority creditor's name and mailing address <u>Ayla Lawson</u> <u>1910 E Tom Green St</u> <u>Brenham, TX 77833-5129</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$28,779.02</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Personal Loan to Company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.6</b> Nonpriority creditor's name and mailing address <u>BFI - Ullman Peterson Productions</u> <u>515 E Carefree Hwy</u> <u>Phoenix, AZ 85085-8839</u>  Date or dates debt was incurred <u>04/25/2024</u> Last 4 digits of account number <u>1 0 0 0</u>	As of the petition filing date, the claim is: <u>\$12,500.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.7</b> Nonpriority creditor's name and mailing address <u>Bravo U Bolts and Fasteners</u> <u>1035 Hollywood St</u> <u>Houston, TX 77015-5261</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$25,860.50</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.8</b> Nonpriority creditor's name and mailing address <u>Champco</u> <u>2595 LCR 368</u> <u>Groesbeck, TX 76642</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$6,885.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

<b>3.9</b> Nonpriority creditor's name and mailing address <u><b>Eastern Metal Supply Texas</b></u> <u><b>9400 Telge Rd</b></u> <u><b>Houston, TX 77095</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u><b>\$42,482.46</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Supplier</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.10</b> Nonpriority creditor's name and mailing address <u><b>Fab Services Ltd</b></u> <u><b>2405 Washington St</b></u> <u><b>Waller, TX 77484-7305</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u><b>\$21,520.00</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.11</b> Nonpriority creditor's name and mailing address <u><b>Herman Packaging Company</b></u> <u><b>8112 Breen Dr.</b></u> <u><b>Houston, TX 77064</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u><b>\$32,695.14</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.12</b> Nonpriority creditor's name and mailing address <u><b>Linde</b></u> <u><b>10 Riverview Drive</b></u> <u><b>Danbury, CT 06810</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u><b>\$6,446.19</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor ILS Products, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

<b>3.13</b> Nonpriority creditor's name and mailing address <u>PHMG</u> <u>401 North Michigan Avenue Suite 2550</u> <u>Chicago, IL 60611</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,462.84</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.14</b> Nonpriority creditor's name and mailing address <u>Ranch Solutions</u> <u>3491 NC 217</u> <u>Erwin, NC 28339</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$12,308.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.15</b> Nonpriority creditor's name and mailing address <u>Rural Media Group, Inc.</u> <u>49 Music Square West Suite 301</u> <u>Nashville, TN 37203</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$5,350.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.16</b> Nonpriority creditor's name and mailing address <u>Samuel, Son &amp; Co</u> <u>5022 Ashley Ct</u> <u>Houston, TX 77041</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$22,252.70</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>Texas Custom Coaters</b></u> <u><b>9468 Interstate Dr.</b></u> <u><b>Navasota, TX 77868</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u><b>\$76,925.68</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>The Cowboy Channel</b></u> <u><b>130 East Exchange Avenue</b></u> <u><b>Fort Worth, TX 76164</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u><b>\$94,000.00</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>Toby Skinner</b></u> <u><b>16915 South Greenfield Road</b></u> <u><b>Gilbert, AZ 85295</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u><b>\$9,205.50</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>Uline</b></u> <u><b>Attn: Legal Dept</b></u> <u><b>12575 Uline Drive</b></u> <u><b>Pleasant Prairie, WI 53158</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u><b>\$2,025.75</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>UPS</b></u> <u><b>P.O. Box 650116</b></u> <u><b>Dallas, TX 75265</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u><b>\$21,139.41</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Services</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>XPO , Inc.</b></u> <u><b>Attn: Legal Dept</b></u> <u><b>Five American Lane</b></u> <u><b>Greenwich, CT 06831</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u><b>\$51,426.30</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Services</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <u><b>Zimmerman Steel &amp; Supply Company, LLC</b></u> <u><b>18543 Davis Rd</b></u> <u><b>Dalton, OH 44618</b></u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u><b>\$26,469.46</b></u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Services</b></u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

**\$0.00**5b. **Total claims from Part 2**

5b.

**+****\$642,073.27**5c. **Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c.

**\$642,073.27**



Fill in this information to identify the case:

Debtor name ILS Products, LLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease</p> <p>Contract to be ASSUMED</p> <p>State the term remaining</p> <p>0 months</p> <p>List the contract number of any government contract</p>	<p>Clicklease LLC</p> <p>1182W W 2400 S</p> <p>West Valley City, UT 84119</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p></p> <p></p> <p></p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p></p> <p></p> <p></p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p></p> <p></p> <p></p>

Fill in this information to identify the case:

Debtor name ILS Products, LLC

United States Bankruptcy Court for the: Western District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Faron Kaine</u>	<u>1910 E Tom Green St</u> Street  <u>Brenham, TX 77833</u> City State ZIP Code	<u>Small Business Administration</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Grant, Andrew</u>	<u>1910 E Tom Green St</u> Street  <u>Brenham, TX 77833-5129</u> City State ZIP Code	<u>American Express</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>Lawson, Ayla</u>	<u>1910 E Tom Green St</u> Street  <u>Brenham, TX 77833-5129</u> City State ZIP Code	<u>Canfield Capital</u>  <u>RDM Capital Funding, LLC DBA FinTap</u>  <u>Clicklease LLC</u>  <u>Green Grass Holdings LLC DBA FTC Funding</u>  <u>1st Alliance Group LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

## Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
		<u>Channel Partners Capital LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Coconut Funding Corporation</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Small Business Administration</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>The Fundworks, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<u>Lawson, Ayla Jade</u> <u>39926 Holik Rd</u> Street  <u>Hempstead, TX 77445-3688</u> City State ZIP Code	<u>Canfield Capital</u>  <u>RDM Capital Funding, LLC DBA FinTap</u> <u>Clicklease LLC</u>  <u>Green Grass Holdings LLC DBA FTC Funding</u> <u>1st Alliance Group LLC</u>  <u>Channel Partners Capital LLC</u>  <u>Coconut Funding Corporation</u>  <u>Small Business Administration</u>  <u>The Fundworks, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **ILS Products, LLC**  
Name

Case number (if known) \_\_\_\_\_

## Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5 <b>Lawson, Ayla Jade</b>	<b>39926 Holik Rd</b> Street  <b>Brenham, TX 77833-5129</b> City State ZIP Code	<b>Canfield Capital</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>RDM Capital Funding, LLC DBA FinTap</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>Clicklease LLC</b>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
		<b>Green Grass Holdings LLC DBA FTC Funding</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>1st Alliance Group LLC</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>Channel Partners Capital LLC</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>Coconut Funding Corporation</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>Small Business Administration</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>The Fundworks, LLC</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 <b>Lawson, Ayla Jade</b>	<b>1910 E Tom Green St</b> Street  <b>Brenham, TX 77833-5129</b> City State ZIP Code	<b>Canfield Capital</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>RDM Capital Funding, LLC DBA FinTap</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>Clicklease LLC</b>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
		<b>Green Grass Holdings LLC DBA FTC Funding</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<b>1st Alliance Group LLC</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **ILS Products, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

## Column 1: Codebtor

## Column 2: Creditor

Name

Mailing address

Name

Check all schedules  
that apply:**Channel Partners  
Capital LLC**☒ D  
☐ E/F  
☐ G**Coconut Funding  
Corporation**☒ D  
☐ E/F  
☐ G**Small Business  
Administration**☒ D  
☐ E/F  
☐ G**The Fundworks, LLC**☒ D  
☐ E/F  
☐ G

Fill in this information to identify the case:

Debtor name ILS Products, LLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$71,543.21**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$71,543.21**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$666,440.64**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$642,073.27**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$1,308,513.91

Fill in this information to identify the case:

Debtor name ILS Products, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** **04/22****The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).****Part 1: Income****1. Gross revenue from business**☐ None**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**

Check all that apply

**Gross revenue**

(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**From 01/01/2024 to Filing date  
MM/ DD/ YYYY☒ Operating a business\$897,439.00☐ Other \_\_\_\_\_**For prior year:**From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$2,308,724.00☐ Other \_\_\_\_\_**For the year before that:**From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$1,749,915.00☐ Other \_\_\_\_\_**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.☒ None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**From 01/01/2024 to Filing date  
MM/ DD/ YYYY**For prior year:**From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY**For the year before that:**From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1.	<b>RDM Capital Funding, LLC DBA FinTap</b> Creditor's name <b>777 Passaic Avenue Suite 375</b> Street  <b>Clifton, NJ 07012</b> City State ZIP Code	<b>05/03/2024</b>  <b>05/10/2024</b>  	 <b>\$7,920.00</b> 	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2.	<b>Green Grass Holdings LLC DBA FTC Funding</b> Creditor's name <b>1 Whitehall St Frnt 2</b> Street  <b>New York, NY 10004-2125</b> City State ZIP Code	<b>04/30/2024</b>  <b>05/01/2024</b>  <b>05/02/2024</b>  <b>05/03/2024</b>  <b>05/06/2024</b>  <b>05/07/2024</b>  <b>05/08/2024</b>  <b>05/09/2024</b> 	 <b>\$10,400.00</b> 	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.3.	<b>American Express</b> Creditor's name <b>P.O Box 297817</b> Street <b>Bankruptcy Unit</b>  <b>Fort Lauderdale, NY 33329</b> City State ZIP Code	<b>08/01/2024</b> 	 <b>\$17,084.00</b> 	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Business Credit Card</b>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
----------------------------	-------	-----------------------	---------------------------------



Name \_\_\_\_\_

4.1. \_\_\_\_\_

Creditor's name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to debtor**

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

5.1. \_\_\_\_\_

Creditor's name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1. \_\_\_\_\_

Creditor's name \_\_\_\_\_

XXXX- \_ \_ \_ \_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

7.1.	<b>Case title</b> <b>Canfield Capital LLC vs ILS Products, et al.</b>  <b>Case number</b> <b>608910/2024</b>	<b>Nature of case</b> <b>Breach of Contract</b>	<b>Court or agency's name and address</b> <b>Supreme Court of the State of New York County of Nassau</b> Name <b>100 Supreme Ct Drive</b> Street  <b>Mineola, NY 11501</b> City State ZIP Code	<b>Status of case</b> <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Case title</b> <b>RDM Capital Funding LLC DBA Fintap v ILS Products LLC, et al.</b>  <b>Case number</b> <b>E2024008860</b>	<b>Nature of case</b> <b>Breach of Contract</b>	<b>Court or agency's name and address</b> <b>Supreme Court of the State of New York County of Monroe</b> Name <b>99 Exchange Blvd</b> Street <b>Hall of Justice 5th Floor, Room 545</b> <b>Rochester, NY 14614-2112</b> City State ZIP Code	<b>Status of case</b> <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>Case title</b> <b>Green Grass Holdings dba FTC Funding vs ILS Products, et al.</b>  <b>Case number</b> <b>513608/2024</b>	<b>Nature of case</b> <b>Breach of Contract</b>	<b>Court or agency's name and address</b> <b>Supreme Court of the State of New York County of Kings</b> Name <b>360 Adams St 4</b> Street  <b>Brooklyn, NY 11201</b> City State ZIP Code	<b>Status of case</b> <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	<b>Custodian's name and address</b>  Custodian's name  Street  City State ZIP Code	<b>Description of the property</b>  <b>Case title</b>  <b>Case number</b>  <b>Date of order or assignment</b>	<b>Value</b>  <b>Court name and address</b>  Name  Street  City State ZIP Code
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Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Name

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	<p>Recipient's name</p> <p>Street</p> <p>City State ZIP Code</p> <p>Recipient's relationship to debtor</p>			

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	<b>The Lane Law Firm</b>	<b>Attorney's Fee</b>	<b>05/14/2024</b>	<b>\$1,000.00</b>
	<b>Address</b>	<b>Attorney's Fee</b>	<b>05/23/2024</b>	<b>\$12,000.00</b>
	<b>6200 Savoy Dr Ste 1150</b>	<b>Attorney's Fee</b>	<b>06/06/2024</b>	<b>\$5,000.00</b>
	Street	<b>Attorney's Fee</b>	<b>06/20/2024</b>	<b>\$5,000.00</b>
	<b>Houston, TX 77036-3369</b>	<b>Attorney's Fee</b>	<b>07/05/2024</b>	<b>\$5,000.00</b>
	City State ZIP Code	<b>Attorney's Fee</b>	<b>07/23/2024</b>	<b>\$5,000.00</b>
	<b>Email or website address</b>	<b>Attorney's Fee</b>	<b>07/23/2024</b>	<b>\$5,000.00</b>
	<b>billing@lanelaw.com</b>			
	<b>Who made the payment, if not debtor?</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address			
	Street			
	City	State	ZIP Code	
	Relationship to debtor			

Part 7: Previous Locations

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1. Street	From To
City	State ZIP Code

Name \_\_\_\_\_

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 —diagnosing or treating injury, deformity, or disease, or  
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name	_____	_____
_____ Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
City State ZIP Code		

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: ____ - ____ - ____
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Case number (if known)

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

☐ No

☐ Yes

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

☐ No

☐ Yes

## 21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address			Location of the property	Description of the property	Value
<hr/>			<hr/>	<hr/>	<hr/>
Name					
<hr/>			<hr/>	<hr/>	
Street			<hr/>	<hr/>	
<hr/>				<hr/>	
<hr/>				<hr/>	
City	State	ZIP Code		<hr/>	

Name

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name  Street  City State ZIP Code		EIN: - - - - - Dates business existed From To

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Seidel Schroeder Name 2707 S Market St Street Brenham, TX 77833-5939 City State ZIP Code	From 01/01/2021 To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. Name  Street  City State ZIP Code	From To

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None



Name		
Name and address		If any books of account and records are unavailable, explain why
26c.1.	<b>Seidel Schroeder</b>	
	Name	
	<b>2707 S Market St</b>	
	Street	
	<b>Brenham, TX 77833-5939</b>	
	City	State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address	
26d.1.	
	Name
	Street
	City
	State
	ZIP Code

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

Name and address of the person who has possession of inventory records

27.1.	
	Name
	Street
	City
	State
	ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
------	---------	-------------------------------------	-----------------------

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

Name

**Lawson, Ayla Jade** **1910 E Tom Green St Brenham, TX** **President, Owner** From \_\_\_\_\_  
**77833-5129** To \_\_\_\_\_

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. **Lawson, Ayla Jade** **\$11,532.54** **01/2024** **Salary Payments**

Name

**39926 Holik Rd**

Street

**Hempstead, TX 77445-3688**

City

State

ZIP Code

**Relationship to debtor**

**Owner**

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.2. **William Lawson** **\$3,500.00** **06/04/2024** **Insider Payments**

Name

**1910 E Tom Green St**

Street

**Brenham, TX 77833-5129**

City

State

ZIP Code

**Relationship to debtor**

**Spouse of Owner**

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

☒ No

☐ Yes. Identify below.

**Name of the parent corporation** **Employer Identification number of the parent corporation**

EIN: \_ \_ - \_ \_ \_ \_ \_

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

☒ No

☐ Yes. Identify below.

**Name of the pension fund** **Employer Identification number of the pension fund**

EIN: \_ \_ - \_ \_ \_ \_ \_

**Part 14: Signature and Declaration**

Name

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/29/2024  
MM/ DD/ YYYY

**X** /s/ Ayla Jade Lawson Printed name Ayla Jade Lawson  
Signature of individual signing on behalf of the debtor

Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court

Western District of Texas

In re ILS Products, LLC

Case No. \_\_\_\_\_

Debtor

Chapter 11

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$33,000.00**

Prior to the filing of this statement I have received ..... **\$33,000.00**

Balance Due ..... **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**08/29/2024**

*Date*

**/s/ Robert C Lane**

Robert C Lane

*Signature of Attorney*

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

**The Lane Law Firm**

*Name of law firm*

**IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

IN RE: **ILS Products, LLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **08/29/2024**

Signature **/s/ Ayla Jade Lawson**  
Ayla Jade Lawson, Owner

1ST ALLIANCE GROUP LLC  
2875 NE 191ST ST STE 500  
MIAMI, FL 33180-2832

AMAZON CAPITAL SERVICES  
PO BOX 035184  
SEATTLE, WA 98124-5184

AMERICAN EXPRESS  
BANKRUPTCY UNIT  
PO BOX 297817  
FORT LAUDERDALE, FL 33329-7817

AWN&R COMMERCIAL LAW  
GROUP, PLLC  
ATTN: JEFFREY PARRELLA, ESQ.  
14 WALL STREET 20TH FLOOR  
NEW YORK, NY 10005

AYLA LAWSON  
1910 E TOM GREEN ST  
BRENHAM, TX 77833-5129

BFI - ULLMAN PETERSON  
PRODUCTIONS  
515 E CAREFREE HWY  
PHOENIX, AZ 85085-8839

BLUEVINE CAPITAL INC.  
401 WARREN ST 300  
REDWOOD CITY, CA 94063

BRAVO U BOLTS AND  
FASTENERS  
1035 HOLLYWOOD ST  
HOUSTON, TX 77015-5261

CANFIELD CAPITAL  
30 N GOULD STREET  
SHERIDAN, WY 82801-6317

CHAMPCO  
2595 LCR 368  
GROESBECK, TX 76642

CHANNEL PARTNERS CAPITAL  
LLC  
11100 WAYZATA BLVD STE 305  
HOPKINS, MN 55305-5537

CLICKLEASE LLC  
1182W W 2400 S  
WEST VALLEY CITY, UT 84119

COCONUT FUNDING  
CORPORATION  
1225 FRANKLIN AVE STE 325  
GARDEN CITY, NY 11530-1693

COCONUT FUNDING  
CORPORATION  
100 BAYVIEW CIR STE 200  
NEWPORT BEACH, CA 92660-8901

DAVID FOGEL, P.C.  
1225 FRANKLIN AVENUE 201  
GARDEN CITY, NY 11530

EASTERN METAL SUPPLY  
TEXAS  
9400 TELGE RD  
HOUSTON, TX 77095



FAB SERVICES LTD  
2405 WASHINGTON ST  
WALLER, TX 77484-7305

FARON K AINE  
1910 E TOM GREEN ST  
BRENHAM, TX 77833

FOX FUNDING GROUP LLC  
803 S 21ST AVE  
HOLLYWOOD, FL 33020-6962

ANDREW GRANT  
1910 E TOM GREEN ST  
BRENHAM, TX 77833-5129

GREEN GRASS HOLDINGS LLC  
DBA FTC FUNDING  
1 WHITEHALL ST, 2ND FLOOR  
NEW YORK, NY 10004-2125

HERMAN PACKAGING  
COMPANY  
8112 BREEN DR.  
HOUSTON, TX 77064

ILS PRODUCTS, LLC  
1910 E TOM GREEN ST  
BRENHAM, TX 77833-5129

LAW OFFICES OF ISAAC H.  
GREENFIELD PLLC  
2 EXECUTIVE BLVD SUITE 305  
SUFFERN, NY 10901

AYLA LAWSON  
1910 E TOM GREEN ST  
BRENHAM, TX 77833-5129

AYLA JADE LAWSON  
1910 E TOM GREEN ST  
BRENHAM, TX 77833-5129

AYLA JADE LAWSON  
39926 HOLIK RD  
HEMPSTEAD, TX 77445-3688

AYLA JADE LAWSON  
39926 HOLIK RD  
BRENHAM, TX 77833-5129

LINDE  
10 RIVERVIEW DRIVE  
DANBURY, CT 06810

PHMG  
401 NORTH MICHIGAN AVENUE SUITE  
2550  
CHICAGO, IL 60611

RANCH SOLUTIONS  
3491 NC 217  
ERWIN, NC 28339

RDM CAPITAL FUNDING, LLC  
DBA FIN TAP  
777 PASSAIC AVENUE SUITE 375  
CLIFTON, NJ 07012

RURAL MEDIA GROUP, INC.  
49 MUSIC SQUARE WEST SUITE 301  
NASHVILLE, TN 37203

SAMUEL, SON & CO  
5022 ASHLEY CT  
HOUSTON, TX 77041

SMALL BUSINESS  
ADMINISTRATION  
409 3RD ST SW  
WASHINGTON, DC 20416-0011

TEXAS CUSTOM COATERS  
9468 INTERSTATE DR.  
NAVASOTA, TX 77868

THE COWBOY CHANNEL  
130 EAST EXCHANGE AVENUE  
FORT WORTH, TX 76164

THE FUNDWORKS, LLC  
299 S MAIN ST STE 1300 PMB 93894  
SALT LAKE CTY, UT 84111-2241

THE LANE LAW FIRM  
6200 SAVOY DR STE 1150  
HOUSTON, TX 77036-3369

TOBY SKINNER  
16915 SOUTH GREENFIELD ROAD  
GILBERT, AZ 85295

U.S. SMALL BUSINESS  
ADMINISTRATION (SBA) -  
ALL DIVISIONS  
LITTLE ROCK COMMERCIAL LOAN  
SERVICING CENTER  
2120 RIVERFRONT DRIVE 100  
LITTLE ROCK, AR 72202

ULINE  
ATTN: LEGAL DEPT  
12575 ULINE DRIVE  
PLEASANT PRAIRIE, WI 53158

UPS  
P.O. BOX 650116  
DALLAS, TX 75265

XPO , INC.  
ATTN: LEGAL DEPT  
FIVE AMERICAN LANE  
GREENWICH, CT 06831

ZIMMERMAN STEEL & SUPPLY  
COMPANY, LLC  
18543 DAVIS RD  
DALTON, OH 44618